

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.
Applicant(s)

Filing Date

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2		/						52					
3		/						53					
4		/						54					
5		/						55					
6		/						56					
7		/						57					
8		/						58					
9		/						59					
10		/						60					
11		/						61					
12		/						62					
13		/						63					
14		/						64					
15		/						65					
16		/						66					
17		/						67					
18		/						68					
19		4						69					
20	4	4						70					
21	4	4						71					
22	4	4						72					
23	4	4						73					
24		/						74					
25		/						75					
26		/						76					
27		/						77					
28								78					
29								79					
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31								81					
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33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL REQ.	2		↓		↓		↓						
TOTAL SER.	46		←		←		←		↓		↓		↓
TOTAL CLASSES	42								←		←		←

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